

Use of religious coping among Peruvian patients with cancer

Uso del afrontamiento religioso entre pacientes Peruanos con cáncer

Hüseyin Çaksen¹

¹ Divisions of Pediatric Neurology and Genetics and Behavioral-Developmental Pediatrics, Department of Pediatrics, Faculty of Medicine, Necmettin Erbakan University, Meram, Konya, Türkiye.

Article information

Cite as: Hüseyin Çaksen. Use of religious coping among Peruvian patients with cancer. *Health Care & Global Health*.2025;9(1):36-37.

DOI: 10.22258/hgh.2025.91.183

Corresponding author:

Prof. Hüseyin Çaksen, MD, PhD
Address:
Divisions of Pediatric Neurology and Genetics and Behavioral-Developmental Pediatrics, Department of Pediatrics, Faculty of Medicine Necmettin Erbakan University, 42090 Meram, Konya, Türkiye.
Email:
huseyincaksen@hotmail.com
Telephone:
+90 332 223 66 84; Facsimile: +90 332 223 61 81 and +90 332 223 61 82

History

Received: 20/12/2024
Revised: 28/12/2024
Accepted: 16/01/2025
Published Online: 06/03/2025
Internal peer review: Yes
External peer review: No



Dear Editor:

The International Agency for Research on Cancer estimates, based on the best sources of data available in countries in 2022, highlight the growing burden of cancer, the disproportionate impact on underserved populations, and the urgent need to address cancer inequities worldwide. In 2022, there were an estimated 20 million new cancer cases and 9.7 million deaths ^[1]. Cancer constitutes a significant public health challenge in Peru due to the uncontrolled high prevalence of risk factors and disparities in accessing oncological services. This leads to delayed diagnoses and unequal treatment, ultimately increasing the risk of premature deaths among Peruvians ^[2]. According to the statistics of 2022, number of new cancer cases was 72,827 and number of cancer deaths was 35,934 in Peru. Top three leading cancers were prostate, breast, and stomach ^[3].

Religion is the belief in an ever-living God (Allah), that is, in a Divine Mind and Will ruling the Universe and holding moral relations with mankind. Religion is the basic manifesto of life ^[4]. Spirituality is the high states, blessings, tastes, and happiness that a person feels in his conscience and soul when he fulfills the de facto gratitude by acting under God's (Allah's) orders and prohibitions with his material organs, intangible feelings, and the subtle faculties. Religion and spirituality are not the same things, rather spirituality is a part of religion, which is more comprehensive than spirituality ^[5]. Coping is the fact of dealing successfully with problems or difficult situations. Religious coping is a means of seeking God's (Allah's) help, trusting and taking refuge in God (Allah), finding solace in religious provisions/teachings, and praying/worshiping more than usual during stressful events of life such as illness, calamity, death, or circumstances where a person is helpless ^[6]. A large body of evidence indicates that spiritual and religious backgrounds, beliefs, and practices are relevant to most people's psychological well-being. Involvement in religious and spiritual practices and communities is related to lower depression, anxiety, suicide ideation and attempts, post-traumatic stress disorder, and substance abuse, as well as a higher purpose in life, hope, optimism, and self-esteem ^[6]. Herein, we discussed use of religious coping among Peruvian patients with cancer to draw attention to the importance of religion and religious coping.

Religious faith is very important for most Peruvians; 92% believe in God (Allah), 72% consider themselves religious, and "being well with God (Allah)" is one of the main sources of happiness ^[7]. In Peru, the emotional coping style is the most used one and it involves religious coping and positive reinterpretation strategies ^[8]. However, there are limited studies on religious coping strategies of Peruvian patients in the literature. Toyama *et al.* ^[9] reported that "spirituality and religion" was one of the eight categories captured the resources and activities that were reported by young people as helpful to overcome mental distress in three Latin American cities. Coping strategies used by Peruvian older adults with depression and anxiety included "self-reflection and adaptation to circumstances", "do your part", and "seeking emotional support" mainly from non-professionals (relatives, friends, acquaintances, and religion) ^[10]. Religion is as important as medical treatment to cope with the disease in Latin American and Latino patients with systemic lupus erythematosus ^[11].

Many studies have been reported about use of religious coping in cancer patients and parents of children with cancer in United States and Western and Middle East countries.

However, only one study on this topic has been reported on Peruvian cancer patients in the English literature to the best of our knowledge Rivera-Cruzatt *et al.* [8] described three psychological coping strategies in Peruvian breast cancer patients: emotional coping, which was found more frequently, includes the support of important people, religious coping, and focusing on positive consequences, which leads to a positive reinterpretation and progressive acceptance of the disease; active coping, characterized by diligent action, following indications, and seeking professional support. Finally, avoidance coping, which focuses on negative elements, postponement of the coping process and cognitive and behavioral distractions. Religious coping helped the patients become closer to God (Allah) and strengthened their beliefs [8].

In conclusion, we would like to emphasize that religion is central to life in many societies around the world. Religious

coping is frequently used for physical, social, mental, spiritual, and religious health by patients with chronic diseases such as cancer in many cultures around the world; however, there are scarce studies about this subject in Peruvian patients in the literature. Therefore, we recommend that comprehensive studies should be conducted on the religious coping styles of adult and child cancer patients in Peru. These studies will guide healthcare professionals, benefit cancer patients and their families in clinical practice, and fill the gap in the literature.

Additional information

Funding: No source of funding.

Conflicts of interest: The author declares no conflict of interests.

Author Contributions: HÇ is solely responsible for concept and design, data gathering.

Acknowledgments: None

Data availability: NA

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